

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **TERENCE W. BARRETT**

GROUP ART UNIT: 2616

EXAMINER: D. Samuel

ATTY. REFERENCE: BARR3004/JZ/BEU

SERIAL NO.: 10/765,990

FILED: January 29, 2004

FOR: METHOD AND SYSTEM OF ORTHOGONAL  
SIGNAL SPECTRUM OVERLAY (OSSO) FOR  
COMMUNICATIONS

COMMISSIONER OF PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.
- ☐ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims		- <sup>1</sup>	= <sup>3</sup>	× \$ 25 =	× \$ 50 =
Independent Claims		- <sup>2</sup>	= <sup>3</sup>	× \$ 100 =	× \$ 200 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$ 180 =	+ \$ 360 =
<b>TOTAL</b>					

<sup>1</sup> If less than 20 enter 20.

<sup>2</sup> If less than 3 enter 3.

<sup>3</sup> If less than 0 enter 0.

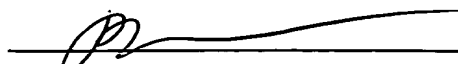
- ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is attached.
- ☒ Also enclosed is/are: **Revocation of Power of Attorney and Change of Correspondence**  
**Address by Inventor**  
**Petition for Extension of Time (1 month)**  
**Check - \$60**

23364

Customer Number  
Phone: (703) 683-0500

Respectfully submitted,

DATE: April 24, 2008

  
**Benjamin E. Urcia**  
*Attorney for Applicant*  
Registration Number: 33,805